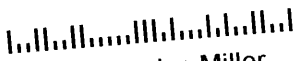


SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.



Nurse Melodye Miller
Montgomery County Detention Facility
PO Box 4599
Montgomery, AL 36195

06cv418 and +
7-7-06 order

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x A. Moore, MCDH

☐ Agent☐ Addressee

B. Received by (Printed Name)

A. Moore, MCDH

C. Date of Delivery

Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes2. Article Number
(Transfer from service label)

7005 1820 0002 3461 4452

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Domestic Return Receipt

102595-02-M-1540

